·									Application or Docket Number															
PATENT APPLICATION FEE DETERMINATION RECORD																								
Effective January 1, 2003													6925											
CLAIMS AS FILED - PART I (Column 1) (Column:								SMALI TYPE	EN C	mmy / ⊐	OR:	OTHER SMALL I												
TOTAL CLAIMS			94					RATE		FEE		RATE	FEE											
FOR ·			NUMBER FILED		NUMBER EXTRA			BASIC FEE 37		375.00	OR	BASIC FEE	750.00											
TOTAL CHARGEABLE CLAIMS			9 4 minus 20=		• 74			X\$ 9=			OR	X\$18≖	183/2											
INDEPENDENT CLAIMS			G minus 3 =		3			X42=			OR	X84=	252											
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			OR	+280=	0											
• if	the difference	in column 1 is 1	less than ze	iro, entei	r *0* in c	'in column 2 T			TOTAL		OR	TOTAL	2334											
CLAIMS AS AMENDED - PART II							٠	6 24.5				OTHER												
9/	4/05	·· (Column 1) ·		(Colui		(Column 3)	1	AME	إبدا	ENTITY	OH I	SMALL												
AMENDMENT A		REMAINING AFTER		NUM PREVI	BER DUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE											
DME	Total	• (0)	Minus	PAID	Y/	1)		X\$ 9	<u> </u>	PEE	OR	X\$18=	FEE											
MEN	Independent	• 3	Minus		2	-0		X42	8		OR	X84=												
كا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140				+280=												
									FAL	• • • • • •	OR	TOTAL												
2/23/06 (Column 1) (Column 2) (Column 3)								ADDIT.	EE		OR	ADDIT. FEE												
	70-900	CLAIMS		HiG	EST		וו			ADDI-			ADDI-											
-		REMAINING AFTER AMENDMENT		PREV	IBER OUSLY FOR	PRESENT		RAT	E	TIONAL FEE		RATE	TIONAL FEE											
AMENDMENT	Total	. 44	Minus	- 6	0	• ()		X\$ 9	=		OR	X\$18=												
AME	Independent	NTATION OF M	Minus	ENDEN	CI ADA	- 6	┨	X42	=	•	OR	X84=												
_	PIRST PRESE	NIAHON OF M	OCTIPUE DEI	·	COGN		ا و ا	+140)=		OR	4280=												
								ADDIT.	TAL FEE		ΟŖ	TOTAL ADDIT, FEE												
		(Column 1)		(Colu	mn 2)	(Column 3)		•			-													
AMENDMENT C		CLAIMS REMAINING			HEST IBER	PRESENT				ADDI-			ADDI-											
		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RAT	E	TIONAL FEE		RATE	TIONAL FEE											
	Total	ŧ	Minus	**		=		X\$ 9	=		OR	X\$18=												
	Independent	•	Minus	560		•		X42			OR	X84=												
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J					+280=												
	If the entry in colu	mo 1 is less than t	ha entry in cob	ının 2. wri	e O'in co	hima 3.		+140			OR													
* If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADOIT, FEE ADOIT, FEE																								
	The Highest Nur	riber Previously Pa	id For (Total o	r Indepen	dent) is the	highest rum	er fo	und in th	8	propriate bo	et in ca	dumn t.												
	APTO-875 (Rev. 1	•	marana Pdrdra				0-	1000 000	ro de	made Office U	S DE	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. FORM STORY (Rev. 1983) 315 General Posts Office 200 — 69-7786951 Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE												